

## **CRISIS/RECOVERY PLAN**

**WHEN:** Complete when there is risk or concern that crisis intervention may be needed.

**ON WHOM:** As clinically indicated.

**COMPLETED BY:** Staff delivering services within scope of practice, preferably the client's care coordinator.

**MODE OF COMPLETION:** Handwritten, typed, or word-processed on form HHSA:MHS-116.

**REQUIRED ELEMENTS:** Early Warning signs, what client will do if signs appear, resources available to client, and what ACCESS should do.